

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
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10						
11						
12						
13	1					
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19	1					
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TOTAL IND.	3		↓		↓	
TOTAL DEP.	17		↔		↔	
TOTAL CLAIMS	20	████████		████████		████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████		████████		████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS